

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

01/06/2006

Ladas & Parry  
 26 West 61 Street  
 New York, NY 10023



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

JULIAN H. COHEN (Depositor's name)  
 (Signature)  
 March 30, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/675,864	09/30/2003	Robert J. Medoff	U 014838-7	1873

TITLE OF INVENTION: INTRAMEDULLARY IMPLANT FOR FRACTURE FIXATION

04/05/2006 CNGUYEN1 00000057 10675864

01 FC:2501  
 02 FC:1504

700.00 OP  
 300.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	04/06/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
REIP, DAVID OWEN	3733	606-069000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 LADAS AND PARRY LLP  
 2 26 WEST 61 STREET  
 3 NEW YORK, NY 10023

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

(SEE ATTACHED)

Recordation Date: September 9, 2004  
 Reel/Frame No.: 015117/0119

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s): check for \$1,000.00 (enclosed)

- ☒ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_\_\_\_  
 Typed or printed name JULIAN H. COHEN

Date March 30, 2006

Registration No. 20,302

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Practitioner's Docket No. U 014838-7

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: **Robert J. MEDOFF**

Serial No.: **10/675,864**

Group No.: **3733**

Filed: **September 30, 2003**

Examiner: **Reip, David Owen**

Confirmation No. **1873**

For: **INTRAMEDULLARY IMPLANT FOR FRACTURE FIXATION**

**Mail Stop Issue Fees**

**Commissioner for Patents**

**P. O. Box 1450**

**Alexandria, VA 22313-1450**

**TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. 1.311)**

*NOTE: Submission of a Transmittal of Payment of Issue Fee after issuance of the Notice of Allowance in an application does not result in a reduction in patent term adjustment under 37 C.F.R. § 1.704(c)(10). See Notice of May 29, 2001, 1247 OG 111-112, June 6, 2001.*

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.

*NOTE: 37 C.F.R. § 1.27(g): "(1) New determination of entitlement to small entity status is needed when issue and maintenance fees are due. Once status as a small entity has been established in an application or patent, fees as a small entity may thereafter be paid in that application or patent without regard to a change in status until the issue fee is due or any maintenance fee is due.*

*(2) Notification of loss of entitlement to small entity status is required when issue and maintenance fees are due. Notification of a loss of entitlement to small entity status must be filed in the application or patent prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity as defined in paragraph (a) of this section is no longer appropriate. The notification that small entity status is no longer appropriate must be signed by a party identified in § 1.33(b). Payment of a fee in other than the small entity amount is not sufficient notification that small entity status is no longer appropriate."*

**CERTIFICATION UNDER 37 C.F.R. 1.8(a) and 1.10\***

*(When using Express Mail, the Express Mail label number is mandatory;  
Express Mail certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

**MAILING**

- ☒ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

**37 C.F.R. 1.8(a)**

- ☒ with sufficient postage as first class mail.

**37 C.F.R. 1.10\***

- ☐ as "Express Mail Post Office to Addressee"  
Mailing Label No. \_\_\_\_\_ (mandatory)

**TRANSMISSION**

- ☐ transmitted by facsimile to the Patent and Trademark Office, to **(571) 273-8300**

Date: March 30, 2006

  
Signature

Julian H. Cohen

(type or print name of person certifying)

*\* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.*

2. Applicant

A. Asserted small entity status in this application by

- ☒ payment of the basic filing or national fee as a small entity (37 C.F.R. § 1.27(c)(3)) or
- ☐ prior submission of a Written Assertion or Statement of Small Entity Status (37 C.F.R. § 1.27(c)(1))

It is confirmed that small entity status for this application has been checked, is still in effect and is being asserted.

- ☐ A WRITTEN ASSERTION OR STATEMENT OF SMALL ENTITY STATUS signed by an appropriate party as required by 37 C.F.R. § 1.27 is attached.

**WARNING:** "Payment of a fee in other than the small entity amount is not sufficient notification that small entity status is no longer appropriate." 37 C.F.R. § 1.27(g)(2).

(complete the following, as applicable)

B. ☐ Applicant hereby notifies the Office, in accordance with the requirements of 37 C.F.R. § 1.27(g)(2), that it no longer has status as a small entity.

☐ A "NOTIFICATION OF LOSS OF STATUS AS SMALL ENTITY" signed by an appropriate party is attached.

☐ Applicant has not asserted small entity status.

3. Fee (37 C.F.R. 1.18(a) and (b)):

Application status is:	<u>Regular</u>	<u>Design</u>
small business entity—fee	<input checked="" type="checkbox"/> \$ 700.00	<input type="checkbox"/> \$400.00
other than a small entity—fee	<input type="checkbox"/> \$1,400.00	<input type="checkbox"/> \$800.00
Publication Fee	<input checked="" type="checkbox"/> \$ 300.00	

4. Payment of fee:

- ☒ Enclosed please find check for \$ 1,000.00.
- ☒ Charge Account 12-0425 for any fee deficiency or credit overpayment.
- ☐ Charge Account \_\_\_\_\_ the sum of \$ \_\_\_\_\_.  
A duplicate of this request is attached.

  
SIGNATURE OF PRACTITIONER

Julian H. Cohen

(type or print name of practitioner)

Reg. No. 20,302

Tel. No.: (212) 708-1887

Customer No.: 00140

\_\_\_\_\_  
P.O. Address

\_\_\_\_\_  
c/o Ladas & Parry LLP  
26 West 61 Street  
New York, N.Y. 10023